Combined Declaration For Patent Application and Power of Attorney						ATTORNEY DOCKET							
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
LIGHTING APPARATUS WITH FLEXIBLE OLED AREA ILLUMINATION LIGHT SOURCE AND FIXTURE													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below													
and have also identified below a	ny foreign applica	tions(s) for paten	t or inv	entor's certificate or any	PCT internati	onal app	olication(s) de	signating	g a least				
one country other than the United priority is claimed:				J .	Ü	fore that	of the applica	ation(s) o	f which				
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:													
COUNTRY (# PCT, indicate PCT)	AF	PLICATION NUMBER		DATE OF Flung (month/dayyear)	-		PRIORITY CLAIMED U	NDER 35 USC	119 NO				
							YES		NO NO				
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							<u>. </u>						
I hereby claim the benefit under 1	Title 35, United Sta	ates Code, 119 §((e) of an	y United States provisiona	al application((s) listed	below:						
PRIOR PROVISIONAL APPL	CATION(S) ANI	ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C.	§119 (e):								
PROVISIONAL A	PPLICATION NUMBER	· · · · · · · · · · · · · · · · · · ·	+		FILING DATE (mo	nth/day/year)			-				
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I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:													
PRIOR US APPLICATIONS C 35USC§120:	R PCT INTERN	ATIONAL APPI	LICATIO	ONS DESIGNATING TI	HE U.S FOR	BENE	FIT UNDER						
U.S. APPLICATIONS					STATUS (Check one)								
U.S. APPLICATION NUM	U.S. FILING DATE			PATENTE	ĒD	PENDING	ABA	NDONED					
10/156,396		May 28, 2002				X							
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PCT APPLICATION NO. U.S. SERIAL NUMBERS								ļ					
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or										
agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute										
this application and transact all business in the Patent and Trademark Office connected										
therewith.										
Se	nd Correspo	ondence to:			Direct	Telephone Calls to:				
	ООП СОР	Patent I		(name and telephone number)						
		Eastma	And	Andrew J. Anderson						
343 State Street						(585) 722-9662				
Rochester, NY 14650-2201					FAX: (585) 477-1148					
2	FULL NAME OF INVENTOR	FAMILY NAME Cok		FIRST GIVEN NAME	SECON	D GIVEN NAME				
	RESIDENCE &	CITY		Ronald STATE OR FOREIGN COUNTRY	S.	RY OF CITIZENSHIP				
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6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY		& ZIP CODE (COUNTRY)				
true	e; and further	that these statements were mad	e with the l	owledge are true and that all statements knowledge that willful false statements	and the like	so made are punishable by fine or				
imp	orisonment, or	both, under Section 1001 of Title patent issued thereon.	18 of the U	United States Code, and that such willful	false statemen	ts may jeopardize the validity of the				
SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 203										
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